

MCFT

**LEWIS & CLARK COLLEGE
GRADUATE SCHOOL OF
EDUCATION AND COUNSELING**

Marriage, Couple, and Family Therapy Program

**Clinical Training Handbook
2024-2025**

TABLE OF CONTENTS

Overview	4
Welcome to the MCFT Internship/Externship Experience	4
A Word on Professional Development as you get Started	4
Key Components of Clinical Training	4
Goals for Clinical Experience	5
The Clinical Training Experience	5
Clinical Readiness for MCFT 582	5
Faculty Recommendation for Clinical Training	6
Externship Placement Process	6
Lewis & Clark Community Counseling Center (L&C CCC)	7
Placement of MCFT 582 Section and Timeline of Dates	7
Placement Contracts	8
Clinical Training Timeline	8
Teletherapy	9
Clinical Contact Hour Requirements	10
Supervision Hour Requirements	11
Supervision	12
Observable Data	14
Documenting the Clinical Training Experience	14
Required Internship Paperwork	15
Evaluation and Grading	16
Additional Information Regarding Clinical Training	17
Ethics & Practice Guidelines	18
Developing Professional Relationships	18
Department Policy for Practicum and Internship Extenders	18
Formal Accommodations with the Office of Student Accessibility	19
Dress Code	19
MCFT 582 Attendance	19
Vacations	20
Release of Educational Records	20
Navigating Internship / Externship Concerns	20
Not Enough Client Hours	21
Too Many Client Hours	21
Issues with other Interns / Colleagues	22
Issues with Supervisors	22
Appendices	24
App A – Monthly Hours Log	24
App B – Semester Summary Log	26
App C – Supervisee Evaluation	28
App D – Signature and Goal Form	32
App E – Supervisor Evaluation	33
App F – Consent to Release Educational Records	35
App G – Internship Contract Agreement	36

App H – Externship Contract Agreement	40
App I – Supervisor Resources	44
App J – Clinical Paperwork Timeline Infographic	46

Overview

Welcome to the MCFT Internship/Externship Experience!

Starting internship is an important milestone in your development as a family therapist. You have been preparing for this since you entered the Lewis & Clark Marriage, Couple, and Family Therapy (MCFT) program. Being in the role of a family therapist trainee can be exciting as well as anxiety producing. This manual will give you some of the basics related to the internship and externship experience including selecting an externship site, the process of supervision, your internship courses, professional development, and maintaining healthy relationships with colleagues, supervisors, agencies and clients. It also includes practical information you will need to meet academic requirements as you complete your clinical training.

A Word on Professional Development as you Get Started

Therapists-in-training grow and develop in predictable and unique ways. It is important that you attend to your own development. In the long run, those therapists who are self-reflective without being overly self-critical are more likely to meet their goals of becoming highly competent practitioners.

It is tempting to compare yourself with your colleagues and classmates, leading to overvaluing or undervaluing yourself relative to your particular stage of development. The journey is filled with stops and starts, unique turns, personal challenges, amazing successes, inspirational moments, uncomfortable realizations, and transformative trials. It is not easy to predict what is coming. For example, some people start very strong and confident only to find they are bumping up against difficult growing experiences down the road. Others may be very quiet or nervous at first, but their ability to self-reflect moves them steadily toward remarkable competence.

There are some traits that seem to serve us well as family therapists. This list is not complete, but represents important personal and professional qualities that you may want to recognize and enhance in yourself:

Humility	Counterintuitive, systemic thinking
Empathy	Accountability
Self-awareness	Willingness and eagerness to continually learn
Social awareness	A positive, hopeful attitude
Ability to understand multiple perspectives	Courage to engage in difficult conversations
Genuine respect and regard for colleagues, clients, & supervisors	

We encourage you to carefully cultivate who you are and can become as a therapist. We invite you to develop your strengths and face your growing edges. It is also important to remember that the qualities and abilities therapists need vary with different contexts. Be prepared to engage in ongoing self-of-the-therapist work as you complete this portion of your training experience and beyond.

Key Components of Clinical Training

The clinical training aspect of the MCFT program includes a 12-month internship at the Lewis & Clark Community Counseling Center (L&C CCC) concurrent with a 13-15-month externship in a community setting. Students register for MCFT 582 Internship in Marriage, Couple, and Family Therapy for four

concurrent semesters. The comprehensive clinical training experience will be supervised by an AAMFT Approved Supervisor or Supervisor Candidate in MCFT 582 Internship in Marriage, Couple and Family Therapy. All students will obtain experience working with diverse, marginalized, and/or underserved clients as part of their clinical training.

During the first three semesters of clinical training, students register for 4-unit MCFT 582 Internship sections and provide family therapy services one day a week at the L&C CCC and receive a minimum of four hours per week of AAMFT Approved supervision. In MCFT 582 Internship sections, students learn to practice systemically and relationally oriented family therapy and to integrate social justice into their practice. The internship training meets the COAMFTE standards for clinical supervision.

The MCFT Program partners with agencies and clinics in the community to place students in externships that provide clinical experience concurrent to the training they receive at the L&C CCC. These placements provide primary clinical experiences with diverse populations and settings that are supportive of our program's systemic mission with supplementary weekly supervision. It is expected that students plan to be at their sites for at least 20 hours per week spread out over multiple days; specific schedules are negotiated with each site.

During the final summer semester in the program, students register for 1-unit MCFT 582 Internship sections where they receive AAMFT approved supervision on campus and continue to receive clinical supervision at their community placement until all clinical hour requirements are met. During this final term, students no longer see clients or receive supervision at the L&C CCC.

Goals for Clinical Experience

As stated in the program mission, the overall goal for an internship/externship is to prepare competent marriage, couple, and family therapists who engage in systemic relational therapy in ways that demonstrate excellent therapeutic skills and ethical and socially responsible practice.

During your clinical training you will be deepening your understanding of existing models of family therapy and how they may inform your work. You will also be exploring and eventually articulating your unique theoretical framework. Throughout the experience you will be asked to identify underlying assumptions that influence how you think about problems and solutions, the questions you ask in therapy, and the directions you take in facilitating change. You will be asked to consistently bridge theory, research, and ethical practice. Your clinical training is also a time to further develop yourself as a professional in the field and to transition into your professional role.

The Clinical Training Experience

Clinical Readiness for MCFT 582

Prior to beginning clinical internship, typically in the Fall term of Year 2, MCFT faculty will review all students for their readiness to practice. This clinical readiness review will include an overall assessment of students' preparedness through completion of coursework, the MCFT 526 Practical Skills "Clinical Skills" and "Professional Development Skills" rubrics on Taskstream, and other supporting materials such as students' Professional Development Portfolio (see MCFT Student Handbook Appendix C) and any completed Professional Qualities Evaluations (PQE) in students' files. Using the assessment materials described above, students are: approved for clinical readiness, approved with condition or noted areas of improvement, or not approved for clinical readiness. Decisions regarding the approval of clinical

readiness are communicated to students once a decision has been made by faculty. Students who have been approved for clinical readiness or approved with noted areas of improvement are invited to participate in Clinical Orientation and the Internship Fair. Faculty approval for clinical readiness also serves as faculty recommendation of a student's demonstrated readiness to enroll in MCFT 582 and participate in clinical practice as a student intern.

Special Clinical Trainee status is for students who provide unique skill sets (i.e. fully bilingual) and are able to provide therapy at the L&C CCC prior to reaching clinical internship status. They must be recommended by faculty to begin obtaining clinical hours prior to enrolling into the MCFT 582 Internship in Marriage, Couple & Family Therapy course. This Special Clinical Trainee status is granted on an individual basis and must be approved by the Clinical Coordinator and Program Director. Students will then be assigned to a faculty member who will supervise their clinical experience.

Faculty Recommendation for Clinical Training

It is not uncommon for sites to ask students for letters of recommendation and/or contact information for recommenders. As discussed above, faculty approval for a student to proceed with securing a placement through the clinical readiness process serves as our recommendation. This recommendation comes based on a thorough assessment of a student's demonstrated readiness to be a student intern based on clinical and professional skills and academic performance. Therefore, faculty do not write individual letters of recommendation for students. If a site requires a letter of recommendation from the MCFT Program, students may provide information about the clinical readiness process outlined here in the Clinical Training Handbook. If there are any issues with this, students should reach out to their advisors to discuss.

Externship Placement Process

Supervisor Vetting and Site Approval Process:

The MCFT Clinical Coordinator works closely with the CTSP Placement Coordinator to vet externship site supervisors and placement sites. Site supervisors are required to be an AAMFT Approved Supervisor (preferred), AAMFT Supervisor Candidate (preferred), Supervisor Equivalent as approved by the Program, state approved supervisor, or a licensed professional in the mental health field. The CTSP Placement Coordinator collects data from potential site supervisors via a general Supervisor Survey and the MCFT Supplementary Supervisor Survey. The general survey asks questions about the potential site that aligns with programmatic graduation requirements (hours, client demographics, etc.). The MCFT Supplementary Survey asks questions of the potential site supervisor regarding training in AAMFT Foundational Curricular Areas (FCAs) along with MFT work experience, supervision, and systemic supervision training. If a potential site supervisor is not AAMFT Approved or an AAMFT Approved Candidate, the MCFT Clinical Coordinator will make a recommendation to them that the site supervisor enroll in a professional development course related to systemic therapy. Site supervisors without formal supervisory training are encouraged to enroll in a 30-clock hour Clinical Supervision course taught through the Lewis and Clark CCE if they have not already completed supervisory training.

If students have questions about the credentials of their externship site supervisor, they are encouraged to ask their supervisor directly or reach out to the CTSP Placement Coordinator. The CTSP Placement Coordinator, in collaboration with the MCFT Clinical Coordinator, work with Externship Site Supervisors to determine the availability of placements at each site yearly. The Clinical Coordinator acts as a liaison between L&C and site supervisors as needed. If students are interested in doing an externship with an agency not listed on the list provided, they may discuss this with the Clinical Coordinator and Placement

Coordinator, preferably early in the fall of Year 2 before placements are considered.

Identifying an Externship Site:

To begin the externship placement process, during the Fall term of Year 2, the clinical coordinator facilitates ***Clinical Orientation I*** (October). This meeting prepares students for the ***CTSP Department Internship Fair*** (November) and provides an overview of the steps for securing externship placements, submitting placement plans, and being assigned to MCFT 582 Internship sections at the L&C CCC. Before the CTSP Department Internship Fair, students are provided with an ***externship site map*** of available community placement opportunities. These agencies have been pre-approved as placement sites (also referred to as externship sites) for MCFT students. These agencies are in settings such as community mental health centers, hospitals, schools, group practices, and governmental agencies. ***Students should expect to be at their sites for at least 20 hours per week spread out over multiple days, with about 8-12 of those hours being direct client contact.***

After the CTSP Department Internship Fair, students will complete independent interviews with externship sites of their choice. When sites offer students a spot, students will complete and submit a ***placement plan***, which indicates to the Placement Office and the MCFT Program where the student plans to complete their externship experience. The plan will be submitted electronically by the student. The plan then goes to the Placement Coordinator and the MCFT Clinical Coordinator for their review and signature. The plan then goes to the supervisor for approval. The plan then goes back to the student for their signature. The placement plan turns into the formal externship contract which will be released to the student and the site supervisor a few weeks prior to the start date of MCFT 582 and the externship.

Once a student says yes to an externship, even verbally, the decision is binding. Students may reach out to the MCFT Clinical Coordinator to discuss how to navigate choosing a site from multiple offers. Additionally, some sites will make decisions earlier than others, meaning that students may have an offer from a site before they have been able to interview at other sites of interest.

Students are expected to follow all policies and procedures outlined by their identified site and supervisor.

Lewis & Clark Community Counseling Center (L&C CCC)

MCFT students provide systemic therapy at the L&C CCC one day a week for at least 3 semesters (12 calendar months). On occasion, students will be asked to continue seeing clients at the L&C CCC. Arrangements for students to provide therapy at the clinic outside of the 12-month timeframe will be made with the MCFT Clinical Coordinator. ***Students will participate in four to six hours of a combination of individual and group supervision, with opportunities for live supervision, and up to four hours of therapy each week at the clinic.***

MCFT 582 Internship training and practice at the L&C CCC are based on a team approach. Although each supervisor may structure team practice somewhat differently, the expectation is that observers behind the mirror or video camera take an active role in developing and providing the therapy. This could include times when multiple team members participate in reflecting teams or otherwise engage directly with clients; other times the team's involvement may be behind the scenes, but it is always a significant contribution to the therapy. Therapists in session with clients are not independently responsible for the therapy; rather, the team is responsible for the therapy.

Students are expected to follow all policies and procedures outlined by the L&C CCC administrative team.

Placement of MCFT 582 Section and Timeline of Dates

Each year, the MCFT Clinical Coordinator, in collaboration with the MCFT Program Director, determine the number of MCFT 582 Internship sections needed at the L&C CCC to maintain a 1:6 ratio of AAMFT Approved Supervisor/Supervisor Candidates to students.

In February, students will be automatically emailed a link to electronically submit their availability at the clinic. Students select 3 days in which they can be available at the clinic based on their externship availability and life circumstances. In early March, using student availability, the MCFT Clinical Coordinator will assign students to internship sections with final approval of sections happening collaboratively with MCFT Core Faculty. CTSP Office Staff will communicate section information via an approval to register for MCFT 582. This process typically takes place in March. MCFT Internship sections are year-long assignments. Switching sections after faculty approval is only granted under extenuating circumstances.

Placement Contracts

Placement contracts are required to see clients at the L&C CCC and at externship sites. The placement contract process is explained in the externship placement process section of this handbook. The L&C CCC contract is initiated through a different process. The MCFT Clinical Coordinator assigns each student to an MCFT 582 section electronically. When this is submitted, the system automatically sends the contract to the student for their signature. The contract then goes to the MCFT 582 supervisor for approval. The L&C CCC also signs off on these contracts. The final signature comes from the CTSP Placement Coordinator. Final contracts are released to students and supervisors prior to the start of MCFT 582. ***It is the student's responsibility to follow up with their supervisors for all clinical training paperwork, including placement contracts.***

Contract Amendments: If an intern has a change at any point during their internship (change in primary or secondary supervisor, ending earlier than the specified end date on the contract or needing to extend beyond their anticipated end date), the intern will notify the Placement Coordinator and a link to the contract amendment form will be emailed to the intern. It is imperative that contracts remain up to date with accurate information. ***It is the student's responsibility to follow up with their supervisors for all clinical training paperwork, including contract amendments.***

The Placement Coordinator is responsible for following through and ensuring that all signatures have been obtained (student – upon submission of the form – primary site supervisor, Clinical Coordinator, and the Placement Coordinator as the final signor). The Placement Coordinator will then email a copy of the amended contract to the student, which the student will keep for their records.

Off-Track Clinical Training Protocol: In some instances, students may begin or extend their clinical training beyond the standard four semester (12-15 month) timeframe for MCFT 582. For example, students may participate in clinical training opportunities with Problem Gambling Services (PGS) and start their training early. In other situations, students may need to delay the start of their clinical training experience and/or extend their clinical training experience. In these cases, students should work with their faculty advisors and the clinical coordinator to develop individualized clinical training plans that fit into their overall program plan. Faculty advisors will help students map out the number of MCFT

582 Internship in MFT units they will need to enroll in each semester across their program plan. A minimum of 1 unit of MCFT 582 is necessary for each semester that students will be clinically active. The individualized plan must include at minimum, the 13 units of MCFT 582 required by the program. In some situations, additional units of MCFT 582 may be needed to ensure full attainment of required clinical training hours and adequate level of clinical competency. Only 13 units of MCFT 582 will count towards the graduation requirements of the program.

Clinical Training Timeline

Typical 2nd year timelines are as follows – note that specific dates will be given at the Clinical Orientation-I meeting in October:

September	Faculty review of student readiness to practice
October	Update resume to be ready for Internship/Externship fair Clinical Orientation I Meeting Approved site map & Placement Plan sent by Placement Coordinator
November	CTSP Internship/Externship Fair (Bring resume)
November – February	Student interviews with sites and acceptance of externship offers
March	Placement approval w/Clinical Coordinator oversight Provisional Placement Contracts sent for e-signatures MCFT 582 section assignments released by CTSP Department
April	Clinical Orientation II Meeting Signed internship and externship agreements due (Salesforce) Start dates and agency orientations scheduled Placement Contracts sent by Placement Coordinator Proof of AAMFT liability insurance (confirm on Taskstream)
Summer Semester	Students cannot see clients until the summer term begins and they are officially registered in a MCFT 582 Internship section and have completed a formal Placement Contract (pdf copy). They may participate in warm handoff meetings with clients in advance of taking over a case, so long as the current therapist/supervisor conducts the session.

Teletherapy

Lewis and Clark MCFT students are allowed to include teletherapy/telehealth services in their internship/externship clinical practicum experience. Telehealth includes the use of HIPAA Compliant video software to provide remote mental health services. Students are to be knowledgeable of state laws and statutes guiding the field of telehealth in the state in which they are practicing. Moreover, students are required to learn best practice approaches to engaging client systems in meaningful therapy work via telehealth. When students provide telehealth services, students must include appropriate disclosures, confidentiality and limits to confidentiality, and security precautions and protocols in their informed consent process (see ACA, 2014, p. 17). Students must abide by the AAMFT

and ACA codes of ethics, state rules and regulations, and the policy/procedures of the L&C CCC and their externship site. COAMFTE and the state of Oregon do not currently have minimum/maximum amounts of telehealth hour requirements. If this changes, students will be notified. Additionally, students who plan to relocate to another state after graduation are encouraged to know the rules/regulations of telehealth requirements of the state in which they are moving.

Clinical Contact Hour Requirements

Clinical training continues without interruption, except for established holidays, until students have demonstrated minimal clinical competency requirements for graduation. In MCFT 582 Internship sections, students will spend 8 hours a week at the L&C CCC, with approximately 2-4 hours spent in direct client contact with individuals, couples, and families. In community externship placements, students will spend at least 20 hours per week at their site, with approximately 8-12 hours spent in direct client contact with individuals, couples, groups, and families (see Appendix B, Hour Log). The balance of this time is to be spent in supervision, record keeping, and participation in other clinical activities of the site.

Clinical contact is defined as face-to-face (therapist and client) therapeutic meetings. Co-therapy is the equivalent of conducting therapy as a single therapist and hours should be counted accordingly. Assessments may be counted if they are face-to-face. Face-to-face therapy may occur in-person or via telehealth. Client contact hours may be individual, relational, or group.

A **relational clinical contact hour** is direct client contact in which couples or families are present in the therapy room. If only one client is physically present with the therapist, the time is not considered relational. A group hour may be a relational client contact hour if a student is facilitating a group that includes couples, parents/co-parents, or families. For example, a parenting group in which multiple sets of parents are participating in the group.

Additional activity hours (also called indirect hours) may include staff meetings, case management, documentation, and other administrative tasks. These hours are not required to graduate; however, students are advised to count these hours as some states do require or allow indirect hours to be used towards licensure.

In order to graduate, students must complete a total of **400 face-to-face client contact hours**. Of these:

- A minimum of 150 hours must be relational hours
- Up to 250 hours may be individual hours

All clinical contact and supervision hours must be documented in order for these to be counted towards program requirements. (See page 14).

The following guidelines are intended to help you stay on track to meet hour requirements within four semesters:

Month	Projected Number of Monthly Client Contact Hours	Projected Cumulative Client Contact Hour Count
May	20 total of which 8 are relational	20 total of which 8 are relational
June	26 total of which 8 are relational	46 total of which 16 are relational

July	26 total of which 8 are relational	72 total of which 24 are relational
August	26 total of which 10 are relational	98 total of which 34 are relational
September	28 total of which 10 are relational	126 total of which 44 are relational
October	29 total of which 10 are relational	155 total of which 54 are relational
November	29 total of which 10 are relational	184 total of which 64 are relational
December	28 total of which 10 are relational	212 total of which 74 are relational
January	29 total of which 10 are relational	241 total of which 84 are relational
February	29 total of which 10 are relational	270 total of which 94 are relational
March	28 total of which 10 are relational	298 total of which 104 are relational
April	28 total of which 10 are relational	326 total of which 124 are relational
May	28 total of which 10 are relational	354 total of which 134 are relational
June	26 total of which 8 are relational	380 total of which 142 are relational
July	20 total of which 8 are relational	400 total of which 150 are relational
August	Complete any remaining hours	400 total of which 150 are relational

* this table represents a 12 month internship and a 15 1/2 month externship

Supervision Hour Requirements

While students are enrolled in MCFT 582, they will be participating in supervision. Supervision may be **individual** (1-2 students) or **group** (up to 8 supervisees). Supervision at the L&C CCC must be from an AAMFT Approved Supervisor or AAMFT Supervisor Candidate. Supervision at externship sites may be provided by an AAMFT Approved Supervisor, AAMFT Supervisor Candidate, Supervisor Equivalent as approved by the Program, state approved supervisor, or a licensed professional in the mental health field. The following descriptions of supervision may help students accurately document their supervisory experiences.

- **Case Report Supervision:** Supervision in which the focus of supervision includes case conceptualization, case discussion, reviewing of clinical documentation, and other relevant topics related to clinical training. Case report supervision does not include video, audio, or live supervision.
- **Live, Video, or Audio Supervision:** Supervision in which the supervisor is watching therapy live (in the therapy room, via Panopto or zoom video technology, or behind a two-way mirror) or reviewing therapy sessions via video or audio recordings. In order for video or audio recordings to count as supervision hours, students and supervisors need to be reviewing video or audio together and discussing the case during supervision.

Students should inquire with their L&C AAMFT Approved Supervisor / AAMFT Approved Supervisor Candidate to determine the appropriate number and type of supervision hours accrued each day at the clinic.

To graduate, **students must receive a total of 100 hours of supervision, from an AAMFT Approved Supervisor / AAMFT Approved Supervisor Candidate** on a regular and consistent basis while seeing clients. (Students will typically receive 4-6 hours per week of AAMFT-approved supervision through MCFT 582 Internship in Family Therapy at the L&C CCC). **A minimum of 50 supervision hours must be based on observable data, i.e., video or audio tape or live observation.** For example, a half-hour spent watching a therapy videotape, followed by an hour discussion counts as an hour and a half toward this 50-hour requirement. Additionally, **a minimum of one hour of supervision per week must be provided by a primary or secondary externship site supervisor.**

An hour with a client and the supervisor present in session counts as one contact hour and as one supervision hour. Multiple students observing a case live with the supervisor present may count the hour of supervision as group supervision for the students.

Supervision must take place in the ratio of at least one hour of supervision for each five hours of therapy.

Externship Site Supervision

As mentioned above, students are required to meet with their primary or secondary supervisor at their externship sites each week that a student trainee is seeing clients. Site supervisors oversee the day-to-day activities of a student trainee including, but not limited to, immediate support during client crisis, student trainee schedule, maintenance and approval of clinical documentation. Discussion about cases, theory development, and self-of-the-therapist related issues are also encouraged through site supervision; however, externship site supervisors are often tasked with administrative supervision duties with student trainees. When L&C is on break, such as between terms, winter break, or spring break, students may choose to see clients at their sites. In these instances, students need to continue receiving site supervision even though they may not be participating in supervision at the L&C CCC during those weeks. Students cannot meet with their externship clients during L&C breaks if they are not receiving supervision from their primary or secondary supervisor.

Supervision

Throughout the clinical training process, students will receive supervision from a variety of sources. All MCFT 582 Internship section supervisors at the L&C CCC are AAMFT Approved Supervisor or Supervisor Candidates, and they will provide you 4-6 hours of weekly, live individual and group supervision. Supervisors in externship placements will provide supplemental, weekly systemically informed supervision.

As mentioned above, students will participate in both individual (1-2 supervisees) and group supervision (up to 8 supervisees). While all supervision ultimately is concerned about the welfare of clients, supervision is also focused on student development as a systemic therapist.

Supervisor's Role & Responsibilities

Students work under their supervisor's license. Therefore, supervisors are ultimately responsible and legally accountable for the clinical work students do. They ensure that all applicable ethical guidelines, laws, and regulations are followed, and that client welfare is maintained.

Supervisor's responsibilities include:

- Provide weekly systems/relational-focused supervision of student clinical caseload and promote the development of student's clinical competencies.
- Provide weekly individual and/or group supervision that focuses on student's clinical cases, including related self-of-the-therapist issues.
- Include observable (raw) data in supervision in addition to case report. This may include video, live observation, co-therapy with students. ***Supervisors at placement sites must observe student work at least once per semester.*** More is encouraged.
- Emphasize systemic/relational processes, whether client is an individual, couple, or family.
- Facilitate case planning discussion.

- Promote student's clinical development through ongoing feedback on their clinical work.
- Evaluate student on-going readiness for practice under supervision, document and share any concerns with students, and work with student and the program to develop a remediation process when needed.
- Review and discuss student's progress in relation to program competencies and their identified training goals.
- Provide oversight to ensure that student provides professional, ethical practice within the scope of their level of training and competence. Ensure that all applicable ethical guidelines, laws, and regulations are followed, and the client welfare is maintained.
- Protect confidences disclosed by student, except by written authorization or waiver, or when mandated or permitted by law. Note that within educational or training settings disclosures are permitted to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee (AAMFT Code of Ethics 4.7).
- Ensure that students represent themselves appropriately as an intern under supervision.
- Together with students, evaluate the nature of your supervisee-supervisor relationship and work with student to address any concerns and promote their optimal clinical development.
- Provide feedback on the student's clinical development to the student and the program by engaging in open dialogue, completing supervisor reports and supervisee evaluations, and participating in site-visits or other requested meetings with the Lewis and Clark MCFT Program.
- Sign documentation of student's clinical hours and case notes.

Student's Role in Supervision

Supervision is most effective when there is a positive working relationship, and this takes effort and intention on both the supervisor and supervisee to develop. Part of supervision is learning to be humble, open, and able to receive feedback. The other part is learning how to dialogue with your supervisor about your experience and needs in the training context. It is important to also be mindful that because your supervisor's role and responsibilities are different from yours, their feedback guides your clinical and professional development.

Supervisee responsibilities include:

- Attend and actively participate in all scheduled supervision meetings.
- Be open to feedback from supervisors and peers.
- Meet with supervisor individually when necessary.
- Keep supervisor informed regarding the status of all of clinical cases.
- Contact supervisor immediately when clinical emergencies arise or when there is potential need to report abuse or neglect.
- During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.
- Let your supervisor know when there are potential struggles in the supervision experience, so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Use time efficiently during supervision. Be prepared to talk about a case and think through goals ahead of time to make the process more facilitative for everyone involved.
- Review video recordings from your sessions or your peers' session in a timely manner at the L&C CCC.
- When presenting a video, cue the parts of the tape you want to watch in supervision. This

- saves time searching for pertinent data.
- Make sure you use pseudonyms and remove all identifying information from any cases you use as examples to complete assignments in order to protect client confidentiality.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s).

Observable Data

The majority of supervision (at least 50 hours) must be based on observable data (i.e., live observation/video-tapes of sessions with clients, or co-therapy with the supervisor). All supervision at the L&C CCC, while clients are present, is based on live supervision. Supervisors at other sites must observe students' work at least once each semester (video or live).

Safeguarding Confidential Information at L&C CCC:

The Clinic operates in accordance with the following specific procedures for safeguarding confidential materials.

- **All sessions at the L&C CCC are recorded via Panopto.**
- **Electronic files using TheraNest:** The clinic uses an electronic health record system called TheraNest. All trainees and clinical supervisors will be enrolled into the TheraNest system with access only to client files under your direct purview. All current client files are housed in this system and it is the responsibility of student-trainees, clinical supervisors, and administrative staff to handle these confidential materials appropriately. This means accessing these materials in confidential spaces and logging out of the system when tasks are completed.
- **Telehealth Systems, Electronic Calendars and Other Confidential Materials:** The Clinic provides telehealth services using Zoom health accounts (HIPAA compliant format). Additionally, the clinic houses the master schedule and client data sheet in the clinic's Google Drive. Access to these systems are limited and all who have access are responsible for safeguarding client protected information.

Safeguarding Confidential Information at Externship Sites:

Students must receive weekly supervision at their externship placements, and they are also encouraged to seek live supervision or view recorded sessions with those supervisors. To audio or video record at community externship placements, students will need to obtain a recording device and an encrypted flash drive to record sessions and transport the data in compliance with agency policies and HIPAA laws. Students should make sure to discuss recording policies with externship site supervisors and follow all site policies regarding obtaining client consent and transporting sensitive clinical material. Students may not remove client files from sites without specific permission and only for professionally necessary reasons. Students may not remove files to complete case notes or complete case notes off-site unless site provides policies and procedures that allow this.

Documenting the Clinical Training Experience

Students are responsible for maintaining an accurate record of client contact and supervision hours.

This will be how students and the program document students' clinical experience when they seek licensure or other professional verifications. Students need to keep careful record of all hour logs and clinical hour summary sheets for their own records, as well. Therefore, students will maintain "Monthly Verification Logs" (Appendix A and on the MCFT webpage under → Student Resources → Student

Handbooks & Forms) that their supervisors will review and sign each month, and students will retain these. At the end of each semester, students will take the cumulative totals from their “Monthly Verification Logs” and record these on the “Semester Summary Log” (Appendix B and on the MCFT webpage under → Student Resources → Student Handbooks & Forms) that they submit to the CTSP office. This process is described in further detail on the next page. The CPSY administrative coordinator will audit Semester Summary Logs to help ensure that students complete them accurately.

See the evaluation and grading section of this handbook for an explanation of the required supervisor and supervisee evaluations.

Documentation of your clinical experience is monitored and maintained on TaskStream and electronically through the CTSP Departmental Office. All required paperwork (next page) must be submitted by the last week of each semester to receive credit. All required clinical and supervision hours must be documented to graduate. It is of utmost importance for students to prioritize the timely completion and submission of their clinical training paperwork. When issues arise in being able to complete or submit on time, it is up to the student to be in communication with their LC CCC supervisor, the CTSP Departmental Office and the MCFT Clinical Coordinator.

Required Internship Paperwork (samples in appendices)

Prior to Internship

Background Check →	During MCFT 502 AND when required for placement
Update CV/Resume →	October during 2 nd year to be sent to sites after the internship fair
Externship Placement Contract →	April 2 nd year
Internship Placement Contract →	April 2 nd year
Proof of AAMFT Membership & Liability Insurance →	Upload to Taskstream each year – current proof needed prior to seeing clients

Monthly Paperwork

Students can use the “Monthly Verification Log” to keep a monthly log of the client and supervision hours earned at each placement site. Students and their supervisors must sign the log at the end of each month. This log is not submitted to the CTSP office, but it should be kept for students’ own records as they may need to provide them for potential auditing purposes, or as documentation of hours when they seek professional licensure.

Semester Paperwork

In order to receive credit for MCFT 582 Internship, the following must be submitted prior to the end of each term:

1. Semester Summary Log	Upload to Taskstream before the last week of the term
2. Internship Supervisee Evaluation & Signed Goals Form	Upload to Taskstream before the last week of the term
3. Externship Supervisee Evaluation & Signed Goals Form	Upload to Taskstream before the last week of the term
4. Signature & Goals form	Upload to Taskstream before the last week of the term
5. Internship Supervisor Evaluation	A link will be automatically emailed each semester; submit electronically

6. Externship Supervisor Evaluation	A link will be automatically emailed each semester; submit electronically
7. MCFT 582 Anonymous Course Evaluation	A link will be sent each semester; submit electronically

*see appendix h for a semester paperwork infographic

Annual Paperwork

Proof of liability insurance and AAMFT membership is required for all students enrolled in a COAMFTE Accredited MCFT Program. Students upload their proof of membership and liability insurance to Taskstream each year.

Evaluation and Grading

The L&C MCFT Program Supervisee Evaluation (see App. C) reflects the AAMFT core competencies and the values of the MCFT program. Evaluations become a part of the student's permanent record and must meet minimum competency requirements. Failure to meet clinical competencies may require students to extend their clinical training.

Supervisee evaluations (Appendix C): Near the end of each semester, internship and externship supervisors will receive an electronic link to complete a supervisee evaluation. ***Evaluations will be sent to the email address of the person designated as the primary supervisor on the contract.*** They will evaluate students on their developmental progress related to 12 clinical competencies each semester. On each clinical competency, they will rate students from “1 – unacceptable” to “4 – exceeds expectations”.

They will print and review supervisee evaluations with their students. We encourage a collaborative discussion about students’ progress. Therefore, if there are competencies where student clinical performance does not reach “3 - meet expectations” or if there are other concerns related to students’ professional performance, the supervisors will work with the student to develop a plan for responsive action and improvement.

If there is a rating of “1 – Unacceptable” on any clinical competency on any of the supervisee evaluations, the program faculty will be informed and will review the issue. Moreover, if there are substantial concerns, supervisors will report these to the MCFT Clinical Coordinator and an Academic Progress Review and/or Professional Conduct Review panel may be established by the program. If there are discrepancies between supervisee evaluations from internship versus externship supervisors, or if there are any issues that may affect the students’ ability to receive credit for MCFT 582, the program faculty will review the students’ performance and offer recommendations.

Students will upload copies of supervisee evaluations from each supervisor together with the accompanying internship goals statement (appendix D) to TaskStream. These are required before the end of the semester to receive credit for the MCFT 582 Internship course. ***If supervisors forget to print or save a student’s evaluation before submitting it, the student’s individual evaluation will not be accessible.*** If this happens, students will need to upload a note from their supervisor stating this. Otherwise, students’ TaskStream files will appear incomplete.

Signature Page and Internship Goals (Appendix D): Students will also develop a set of goals with their supervisor for the next phase of their professional development and list these on the “Signature Page

and Internship Goals” form. They will upload copies of these along with their supervisee evaluations from each supervisor to TaskStream at the end of Internship I and II. Goals sheets do not need to be uploaded to Taskstream at the end of Internship III or IV.

Supervisor evaluations (Appendix E): Students will also be required to complete evaluations for their internship, externship, and secondary externship supervisor (if they have a secondary externship). Students are asked to be reflective about the strengths and areas of growth in the supervisory relationship. This evaluation will also provide feedback to the MCFT program about students’ supervision experiences. The link to complete these supervisor evaluations will be emailed to students. ***Copies of supervisor evaluations will be autogenerated by the LC Office of Research and Assessment and sent to both respective supervisors and the clinical coordinator at the end of each term.***

However, students should not wait for the end of the semester to discuss problems or concerns in the supervisory relationship, with supervisors. Students should give their supervisors input and discuss issues as they occur so these can be resolved to the extent possible, as they arise. This is more respectful to the supervisor and better for students’ learning. For further guidance on addressing potential issues that may arise in the supervisory relationship and experience, please refer to the section on “Navigating Internship / Externship Concerns” section on pg. 20 of this manual.

MCFT 582 Internship Grades: Internship is a credit (CR)/no credit (NC) course. The AAMFT Approved Supervisor/Supervisor Candidate supervisor serves as the instructor for MCFT 582 Internship, and they will determine students’ grade based on a comprehensive review of their supervisee evaluations from all supervisors at all sites, completion of course assignments, and demonstration of expected professional standards. A passing grade of ‘CR’ is required for students to maintain their graduate academic standing. If a grade of ‘NC’ is received, this will result in administrative withdrawal from the program as per graduate school’s minimum passing grade policy.

Evaluating minimum clinical competencies for graduation (Appendix C): Students are required to demonstrate that they have achieved a level of clinical competency commensurate with the MCFT Program’s standard 400 clinical hour requirement. To document and assess this, both internship and externship supervisors will complete the existing L&C MCFT Supervisee Evaluation at the end of MCFT 582 Internship III and/or Internship IV (if applicable).

By the end of Internship III, students will demonstrate adequate achievement of clinical competency by:

- 1) Scoring a minimum of “meets expectations”, which translates to a score of “3” on our 4-point scale, on 83% (10 out of 12) of the clinical competencies listed on the Supervisee Evaluation;
- 2) Not scoring a “1” on our 4-point scale, which translates to “unacceptable”, on any clinical competency; and
- 3) Not being on an Academic Progress Review and/or Professional Conduct Review Committee for issues related to their clinical practice or professional performance.
- 4) In addition to the Supervisee Evaluations, students will achieve a passing score of 70% on their practice national MFT exam.

Additional Information Regarding Clinical Training

Ethics & Practice Guidelines

Students must practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics, the American Counseling Association (ACA) code of ethics, and the Oregon State Laws.

Students should inform their individual supervisor, MCFT 582 instructor/group supervisor, clinical coordinator, and/or the program director of any potential ethical dilemmas or legal infractions they may be involved in or know about. Failure to practice according to legal and ethical guidelines may result in remedial action or dismissal from the MCFT program.

Students must also practice according to all policies, procedures, and other requirements given by their placement sites. This includes completing all paperwork and case management duties in a timely and thorough manner. Any questions or concerns students have about completing these requirements should be taken to their supervisor. Failure to practice according to agency policy and procedure may result in losing their placement and possible dismissal from the MCFT program.

Students should remember to:

- Let supervisors know if they suspect abuse, neglect, and potential harm
- Inform supervisor and/or program faculty if they have ethical concerns about their own or a colleague's behavior
- Discuss anything that gives them a gut level feeling of discomfort
- Talk with others about ethical dilemmas as the most important first step in resolving them

Developing Professional Relationships

It is essential for each of us to contribute to a positive, healthy learning environment during internship courses, individual supervision, and clinical experience. It is important that clinical work and supervision groups are places students feel safe to share their experiences and to be open about their growth. This includes:

- Being collaborative rather than competitive
- Freely sharing their work within bounds of confidentiality
- Being open to input from supervisors, clients, and colleagues
- Taking a stance of humility and curiosity
- Offering their clinical opinions as perspectives rather than truths

Department Policy for Practicum and Internship Extenders

This policy applies to all students in practicum and internship. Students in practica and internships in schools will follow the regular school year for their districts as indicated by their contracts, however they will still need to follow the policy of being continuously enrolled in a supervision course. Any variation from the process described in the School Psychology handbooks regarding practicum and internship should be worked through with the School Psychology Clinical Coordinator and Practicum or Internship Instructor.

Students who need to extend their final practicum or internship past the end of the semester, have the following options:

For extensions up to four weeks past the end of a final semester (but no more than four weeks), students must request and be granted a grade of "Incomplete." The requirements for completion of the course must include an expected end date within four weeks, a plan for site supervision during this time period, verification that the student's site contract has been extended and paperwork has been submitted to the CTSP Placement Office, and the expectation of weekly attendance in a specific campus-

based practicum or internship section until they complete their practicum or internship hours (in up to four weeks).

For extensions of more than four weeks, students must register for, attend, and participate in a full semester of practicum or internship.

All students must obtain permission from their program's clinical coordinator before any extension is granted. The required paperwork (e.g., extension of site placement contract, completed and approved incomplete grade form) must be completed prior to the end of the semester for which the extension will be required.

The clinical coordinator will assign campus practicum or internship sections to all extending students. Students must not assume that they will continue in the same practicum or internship section.

Formal Accommodations with the Office of Student Accessibility

Students who have previously obtained formal accommodations from the [Office of Student Accessibility](#) are encouraged to do so throughout the MCFT 582 process. Students are expected to discuss these formal accommodations with their MCFT 582 supervisor and their site supervisor.

Dress Code

Students contribute to the culture and reputation of the L&C CCC in the way they present themselves. A professional appearance is essential to a favorable impression with clients and the community at large. Good grooming and appropriate dress reflect the mission of our program.

Some basic essentials of appropriate dress include the need for clothing to be neat and clean, free of holes and not revealing of undergarments by way of the length, fit, or transparency of clothing. A reasonable standard of dress rules out any extreme in dress, accessory, fragrances or hair. It is impossible and undesirable to define an absolute code for dress and fragrances. Faculty supervisors will exercise good discretion in guiding students to determine appropriateness in appearance.

MCFT 582 Attendance

Attendance in MCFT 582 is required in order to maintain ethical and quality client care and to receive appropriate AAMFT Approved Supervision hours. In addition to the CTSP Departmental attendance policy, students enrolled in the MCFT Program should follow the following procedure should they need to miss a clinic day due to illness, family or medical emergencies.

In instances of student trainee illness, students are expected to follow the clinic policy. Trainees who are ill and cannot work are expected to notify their supervisor and clinic admin via phone/email of their absence as soon as they are able. Whenever possible, **it is the responsibility of the trainee to also notify their clients of any cancellations and cancel upcoming appointments in TheraNest.** Under extenuating circumstances – such as a medical or family emergency - in which it is not feasible for the trainee to contact their clients, the trainee needs to let the supervisor and clinic admin staff know so admin staff can assist with canceling appointments. If students are ill but feel well enough to participate in all scheduled activities, then they may make the choice to work remotely with approval from the supervisor. It is the responsibility of the trainee to notify Clinic Admin of this. It is also the responsibility of the trainee to notify their clients and provide clients with appropriate zoom information. When

warranted, it is the responsibility of the supervisor to help students assess their ability to see clients or their need for rest.

When students miss MCFT 582 due to illness or family or medical emergencies, they are to follow the procedure above. **Due to the service-providing nature of the course, missing more than one class meeting time of MCFT 582 does require students to make an effort to make up missed client care.**

When students miss more than one clinic day, they are to initiate communication with the L&C CCC Clinic Director to coordinate availability at the clinic for them to provide client care during a window of time in which an AAMFT Approved Supervisor is already at the L&C CCC. It will be the responsibility of the student to communicate with their clients the opportunity to be seen during this time. Should an issue occur that requires supervisory consultation, students will locate the AAMFT Approved Supervisor on duty to discuss. Students can make-up for their missed time at the L&C CCC through one week after the term ends. Students missing multiple weeks of class for illness should reach out to their academic advisor to discuss.

Students needing to make-up two (2) or more missed days of MCFT 582 in any given term will be invited into a discussion with MCFT Faculty. Planned time off for trips or vacations should be scheduled during planned college breaks during the academic year such as spring break, fall break, winter break, and other scheduled breaks between terms.

Vacations

Students enrolled in MCFT 582 maintain a caseload for the entire 12-month internship and 12-15 month externship. This means that all clinical duties of the internship and externship experience must be maintained during the entire experience, including academic breaks between semesters. The L&C CCC is closed the week between Christmas and New Years since Lewis & Clark College is closed at that time. Students are not expected to see clients at the L&C CCC between semesters unless they need to use a semester break to make-up a clinic day as outlined in the MCFT 582 attendance procedure above. Students should establish a plan with their MCFT 582 supervisor for client care during L&C breaks. Students may, however, continue to see clients at their externship sites during semester breaks if they are receiving site supervision.

Students are allowed to take time off during their clinical training year. It is encouraged that students schedule their planned time off (vacation, family trip, etc.) during scheduled academic breaks. Vacations must be negotiated and approved by externship supervisors and Lewis & Clark supervisors. However, students may not be able to take two or more consecutive weeks off from clinical work at a time due to client care responsibilities. Finally, time taken for personal reasons (e.g., weddings, death in the family, illness) may be considered part of students' vacation allowance. Externship sites may also have attendance or vacation policy/procedures that will need to be followed.

Release of Educational Records

Students who request that L&C or agency supervisors act as references for job applications or otherwise request that information about their academic and/or clinical work be shared with others, must sign a release of educational records form for each request (See Appendix F Consent to Release Educational Records). See the Navigator Student Handbook for additional information on student confidentiality (i.e., FERPA).

Navigating Internship / Externship Concerns

Not Enough Client Hours

Hours accrual is going to follow a typical bell curve with most client contact hours accruing during the 2nd and 3rd terms of clinical training and fewer client contact hours accruing during the 1st and 4th terms. That said, students should keep a watchful eye on their hours accrual through the entire internship/externship experience. If students are noticing difficulties in accruing hours during their 1st term of MCFT 582, they should consult with their MCFT 582 instructor and their site supervisor to discuss.

In rare occasions, students still struggle to accrue hours after their 1st term of MCFT 582. There are several potential reasons for this including, but not limited to: too many interns at the site, not enough clients at the site, supervisor concerns about the student, the student's schedule doesn't allow for additional clients, the intake specialist isn't aware of the student's needs, etc.

If a student is struggling to accrue hours, they should use the following as a step-by-step guide to work through the issue:

1. **Self-advocate for more client hours at the externship site or at the L&C CCC with the supervisor.** Students may need to discuss their client hour needs each week in supervision until something changes. Even in this advocacy process, students should engage with their supervisor through a relational ethics lens.
2. **Reach out to the intake specialist.** Some sites have intake support specialists or professionals who oversee the intake and clinician assignment process. If the students' site utilizes a system like this, they should coordinate their needs with them. Be specific (e.g. couples, families, niche area, etc.)
3. **Increase client contact hours with current clients.** Students should focus on the therapeutic alliance to increase client consistency. Students may also reach out to clients who haven't scheduled in a while. Students can work with their supervisor to discuss appropriateness of scheduling longer sessions each week with their current clients.
4. **Increase relational hours with current clients.** If students are struggling with accruing relational hours, they should work with their supervisor to identify individual clients who may be an appropriate fit for relational therapy.
5. **Co-therapy.** Students can utilize co-therapy opportunities for intakes and other sessions. Ongoing co-therapy should only be utilized with relational client systems.
6. **Request support from the MCFT Clinical Coordinator.** If all of the above do not work, students should reach out to the MCFT Clinical Coordinator to discuss their concerns.
7. **Consider a secondary site.** Secondary sites are approved by the MCFT Clinical Coordinator in instances where students need to accrue relational hours. Approval to seek a secondary site does not excuse the student from meeting the commitments to their primary site or the L&C CCC.

Too Many Client Hours

Sometimes students feel overwhelmed by the number of hours they are expected to be at the L&C CCC and their externship site. Student should expect to be at their externship site and at the L&C CCC for a combined total of at least 26 hours a week. Not all of these hours should be direct client contact. Clients are often assigned to students based on the natural ebb and flow of client referrals, the number of student interns and licensed professionals needing clients, and the goodness of fit with the intern or professional.

If students are feeling overwhelmed with their caseload, they should start discussing these concerns with their MCFT 582 supervisor and externship site supervisor. In this discussion, students should have details about their caseload such as how many hours of client contact they are receiving per week in addition to a breakdown of their weekly/biweekly/monthly sessions. It may be appropriate to discuss termination/graduation timelines for clients and work towards terminating collaboratively when clinically appropriate.

In discussions with the supervisor, it may be helpful for students to use hours expectations outlined in this handbook and on their externship contracts to guide the conversation.

If, after a conversation with the site supervisor, student caseload is still feeling overwhelmed, the student may reach out to the MCFT Clinical Coordinator for support. A typical outcome of this conversation would be an invitation for the MCFT Clinical Coordinator to meet with the student and the site supervisor. The MCFT Clinical Coordinator will not schedule this meeting without the student attempting to self-advocate with their supervisor.

Please note that you will likely accrue more than the required 400 hours / 150 relational hours over the course of the internship/externship experience. Students should continue to count these hours until the end of internship and externship as some states do take up to 500 hours from clinical training programs.

Issues with other Interns / Colleagues

Problems may arise within clinical training groups or with other professionals at externship sites. As relational therapists, we know the importance of addressing interpersonal ruptures with all appropriate parties. It is encouraged that when unethical or difficult interactions occur, students approach the other person/people directly involved in an approachable manner with clear communication. If this does not work, students should collaborate with their site supervisor or MCFT 582 supervisor for support. When problems arise, students should consider the following:

- **Disrupt triangulation.** Discern when you are listening to resolve problems and when you are contributing to triangulation through your silence or agreement.
- When possible, **resolve problems directly and soon after they arise.**
- Remember that your attitudes and behaviors out of the therapy room ultimately affect clients and results in the therapy room.
- **Take care of yourself** – seek therapy if needed as you adjust to this new role.
- Don't keep secrets that are potentially damaging to anyone. If something is eating you up there is a reason.
- **Engender hope and optimism in yourself and others.** Focusing on the positive is a powerful tool in therapeutic, personal and professional relationships. Habitual negativity distracts from your own learning and unfairly takes away from the experiences of others.

Issues with Supervisors

Problems sometimes arise in the clinical training experience. Students may get mixed input from supervisors. Students may also find themselves developing negative feelings toward a supervisor. There may even be instances where members of clinical supervision group/dyad are at odds with each other. These types of situations can draw away from important learning opportunities and/or be used as opportunities for professional growth. When problems arise, students should consider the bullet points

in the section above. If a student is experiencing a situation of concern with their supervisor, the student should take the following steps:

1. **Discuss the situation directly with the supervisor.** Approach this conversation with curiosity, non-reactive communication, and “I statements”. In many instances, a direct but non-reactive conversation will lead to a mutual resolution and a more positive path forward. These conversations can be uncomfortable and difficult for many; however, they are a cornerstone of professional development as a therapist in training. Students may seek support from their MCFT 582 supervisors before engaging in a discussion at a site. Students may also seek support from the MCFT Clinical Coordinator before engaging in a discussion with their MCFT 582 supervisor.
2. **Reach out to the MCFT Clinical Coordinator for support.** If a conversation does not resolve the situation and/or a personal conversation with the supervisor feels too uncomfortable, the student should reach out to the MCFT Clinical Coordinator. Students have historically indicated that the power differential between student and supervisor is a reason to not engage in a direct conversation with the supervisor. The power differential is a valid concern; however, it should not be the only reason to not engage in a conversation. As such, after a conversation with the MCFT Clinical Coordinator, it will still be imperative for the student to engage in uncomfortable or difficult discussions with their site or supervisor. In some instances, it may be appropriate for the MCFT Clinical Coordinator to also be present for these discussions.
3. **Instances for immediate consultation with the MCFT Clinical Coordinator.** In rare instances, there may be times when the supervisor behaves inappropriately or even abusively. If the student thinks this is what is happening, immediately contact the MCFT Clinical Coordinator to discuss.

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING, THERAPY, AND SCHOOL PSYCHOLOGY
MARRIAGE, COUPLE, AND FAMILY THERAPY PROGRAM

Monthly Verification Log

(Submission NOT Required)

MONTH/YEAR: _____

Student Name: _____ Signature: _____

Site Supervisor: _____ Signature: _____

Secondary Site Supervisor: _____ Signature: _____

L&C CCC MCFT Supervisor: _____ Signature: _____

Instructions: Track time by 0.25 hour increments. Maintain monthly logs but submit the Semester Summary semester. Keep a copy of this form for your own records.

CLIENT CONTACT HOURS	L&C Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	C Pi
Individual In-Person					
Relational In-Person					
Individual Telehealth					
Relational Telehealth					
Individual Group					
Relational Group					
Monthly Total					
Total Cumulative Previous Log					
Total Cumulative					

SUPERVISION	L&C Hours/Month *AAMFT Approved	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	C Pi
Individual: Case Report					
Individual: Live, Video, Audio					
Group: Case Report					
Group: Live, Video, Audio					
Monthly Total					
Total Cumulative Previous Log					
Total Cumulative					

SUPERVISION RATIO	Total / Month	Total Cumulative
Total AAMFT Approved Supervision Hours		
Total Client Contact Hours		
TOTAL RATIO (Divide AAMFT Approved Supervision Hours by Client Contact hours)		

The supervisor ratio table is color-coded. The total AAMFT Approved Supervision Hours for the month is purple – locate the purple box in the supervision table on page 1. Copy that number here. The cumulative total of AAMFT Approved Supervision Hours is orange – locate the orange box in the supervision table on page 1. Copy that number here. The total client contact hours for the month is blue – locate the blue box in the direct client contact hours table on page 1. Copy that number here. The cumulative total of direct client contact hours is green – locate the green box in the direct client contact hours table on page 1. Copy that number here. Follow the directions in the ratio box above to get the supervision ratio.

ADDITIONAL ACTIVITIES	Total Hours / Month	Total Cumulative Previous Log	Total Cumulative
Case Management			
Record Keeping			
Staff Meetings			
Workshops/Training			
Consultation			
Other (Specify)			

Additional activities are only required for students interested in pursuing the LPC track in Oregon. Other states may count additional activities/indirect hours as well.

**LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING, THERAPY, AND SCHOOL PSYCHOLOGY
MARRIAGE, COUPLE, AND FAMILY THERAPY PROGRAM**

Semester Summary Log

(Submission Required)

☐ Pre-Internship I ☐ Pre-Internship II ☐ Pre-Internship III
☐ Internship I ☐ Internship II ☐ Internship III ☐ Internship IV ☐ Internship V ☐ Final Report

Student Name: _____ **Signature:** _____ **Date:** _____

Site Supervisor: _____ **Signature:** _____ **Date:** _____

Secondary Site Supervisor: _____ **Signature:** _____ **Date:** _____

L&C CCC MCFT Supervisor: _____ **Signature:** _____ **Date:** _____

Instructions: Track time by 0.25 hour increments. Maintain monthly logs but submit the Semester Summary Log at the end of each semester. Keep a copy of this form for your own records.

CLIENT CONTACT HOURS	L&C Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative Previous Log	Total Cumulative
Individual In-Person						
Relational In-Person						
Individual Telehealth						
Relational Telehealth						
Individual Group						
Relational Group						
Monthly Total						
Total Cumulative Previous Log						
Total Cumulative						

SUPERVISION	L&C Hours/Month *AAMFT Approved	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative Previous Log	Total Cumulative
Individual: Case Report						
Individual: Live, Video, Audio						
Group: Case Report						
Group: Live, Video, Audio						
Monthly Total						
Total Cumulative Previous Log						
Total Cumulative						

SUPERVISION RATIO	Total / Month	Total Cumulative
Total AAMFT Approved Supervision Hours		
Total Client Contact Hours		
TOTAL RATIO (Divide AAMFT Approved Supervision Hours by Client Contact hours)		

The supervisor ratio table is color-coded. The total AAMFT Approved Supervision Hours for the month is purple – locate the purple box in the supervision table on page 1. Copy that number here. The cumulative total of AAMFT Approved Supervision Hours is orange – locate the orange box in the supervision table on page 1. Copy that number here. The total client contact hours for the month is blue – locate the blue box in the direct client contact hours table on page 1. Copy that number here. The cumulative total of direct client contact hours is green – locate the green box in the direct client contact hours table on page 1. Copy that number here. Follow the directions in the ratio box above to get the supervision ratio.

ADDITIONAL ACTIVITIES	Total Hours / Month	Total Cumulative Previous Log	Total Cumulative
Case Management			
Record Keeping			
Staff Meetings			
Workshops/Training			
Consultation			
Other (Specify)			

Additional activities are only required for students interested in pursuing the LPC track in Oregon. Other states may count additional activities/indirect hours as well.

Supervisee Evaluation—Expected Clinical Skills

1. ***Therapeutic Alliance*** (convey respect to all clients; join and maintain relationship with all members of system; uses self of the therapist to promote working alliance, and attends to the impact of power on the therapeutic system) SLO 2.1, 4.2 & 4.3

Internship 1. Seeks to understand and empathize with each person's perspective.	Internship 2. Joins and maintains connection with all members in the relationship system, including those who may not be present.	Internship 3. Recognizes societal influences on therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	Internship 4. Skillfully manages relationship with family members to counteract societal power imbalances and facilitate their engagement with each other.
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2. ***Structuring and managing therapy*** (explain practice setting rules, fees, rights, and responsibilities; determine who should attend therapy and in what configuration; establish and reviews goals; evaluate clients' outcomes for the need to continue, refer, or terminate therapy)
SLO 4.2

Internship 1. Follows basic clinical and procedures, documents appropriately, and obtains measurable goals in collaboration with client.	Internship 2. Attends to impact of larger relational systems and considers who best to involve; Organizes flow of the session; goals are related to interventions.	Internship 3. Interventions regularly reflect a plan to attain goals; Works with clients to establish and review systemic goals and outcomes; Engages relevant systems & relationships.	Internship 4. Consistently manages progression of therapy toward attainment of systemic treatment goals.
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3. ***Perceptual competency*** (identify patterns of interaction; distinguish process from content; identify self as part of the system; develop hypotheses regarding relationship patterns & their bearing on the presenting problem; understand issues related to social justice, cultural democracy, and power) SLO 1.1, 1.2, 1.3, 4.2, & 4.3

Internship 1. Is developing a systemic lens to expand presenting issues and content to hypotheses regarding interaction patterns and relational and socio-contextual processes.	Internship 2. Able to distinguish process from content in session; Recognizes issues related to social justice and cultural democracy. Reflects on own role in the therapeutic process.	Internship 3. Regularly recognizes and focuses on patterns of interaction and considers how these relate to larger societal processes. Observes impact of self in the therapeutic process.	Internship 4. Consistently recognizes the interconnections among biological, psychological, and social systems, including the impact of power on the presenting issues and own role in the therapeutic system.
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4. *Intervention skills* (link interventions to theory; intervene intentionally and consistently throughout the therapeutic relationship; follow up on interventions; formulate and alter treatment plan as needed; match treatment modalities and techniques to clients' needs, goals, and values; Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). SLO 2.2, 4.2, & 4.3

Internship 1. Applies techniques from at least one systemic therapy approach.	Internship 2. Uses a variety of clinical skills, and is beginning to connect them to a clear overall focus or systemic rationale.	Internship 3. Expanded intervention skill set; Emerging ability to link skills to overall systemic approach; recognizes larger context issues and applies appropriate interventions.	Internship 4. Uses a variety of skills to achieve specific systemic goals; consistently attuned to client's unique social location
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5. *Contextual awareness, knowledge and skill* (demonstrate of integration of family therapy theory, equity, and social location issues in clinical practice; recognize impact of interventions on wider system; apply systems/relational theories to clinical case conceptualization; recognize how different techniques may impact the treatment process and larger systems issues of justice and power. SLO 1.1, 1.3, 2.1, 2.2, 4.2, & 4.3

Internship 1. Identifies own cultural biases and assesses relevant larger systems issues.	Internship 2. Recognizes issues of justice and power in session and attempts to respond to these in systemic treatment planning.	Internship 3. Sessions expand contextual awareness & counteract societal inequities; increased ability to integrate attention to larger systems issues with family therapy models.	Internship 4. Clinical practice regularly demonstrates integration of family therapy theory, equity, and social location issues.
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6. *Assessment and diagnosis* (Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms; diagnose and assess client behavioral and relational health problems systemically and contextually; identify clients' strengths, resilience, and resources; evaluate level of risks; manage risks, crises, and emergencies; complete effective assessments and appropriately use the DSM V) SLO 1.2, 1.3. 4.2, 4.3

Internship 1. Completes case assessments for each case that take into account multiple systemic levels; able to assess level of risk and seek help as needed. Routinely identifies areas of resilience.	Internship 2. Draws on observation and formal assessments to formulate systemic hypotheses that connect to goals, diagnoses, and intervention, including management of risks and crises and relevant DSM diagnoses.	Internship 3. Regularly Integrates multiple levels of analysis and theories in conceptualizing and managing a case (biological, sociological, interpersonal, spiritual, etc.), including areas of resilience and relevant DSM diagnoses.	Internship 4. Demonstrates integrated case conceptualization across multiple levels of analysis that guides in-session clinical decisions and case management
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LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
Department of Counseling, Therapy, and School Psychology
Marriage, Couple, and Family Therapy Program

7. **Multiple Systems** (understand and work along-side other recovery-oriented behavioral health services; develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present; respect multiple perspectives) SLO 4.2

Internship 1. Aware of scope of practice of MFTs and identifies other persons and professionals significant to the case.	Internship 2. Practices within scope of MFT, makes appropriate referrals, and attends to other stakeholders, whether or not present.	Internship 3. Recognizes own clinical contributions within an interdisciplinary system of care; engages family members and other significant persons.	Internship 4. Works collaboratively with other all other stakeholders as they intersect in client care.
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8. **Research** (using knowledge of current MFT and other research and ability to critique qualitative and quantitative research to inform clinical practice; discern the implications of the sociopolitical context within which research is produced and applied; draw on the research literature relevant to family therapy in case planning, and seeks opportunities to participate in research and evaluate own practice. SLO 3.1, 3.2, 4.2, & 4.3

Internship 1. Shows interest in determining relevance of research to own practice.	Internship 2. Seeks opportunities to read and/or participate in research and begins to apply to own practice.	Internship 3. Critically evaluates research related to the family therapy and integrates into case planning.	Internship 4. Critically uses research to improve and evaluate own practice.
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9. **Self of the Therapist** (monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct; monitor personal reactions to clients and treatment process; self-reflection on the implications of own and other's social location in clinical practice). SLO 2.1, 4.2, & 4.3

Internship 1. Open to feedback from other students, clients, and supervisors and uses it positively.	Internship 2. Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness.	Internship 3. Is aware of implications of own and other's social location during therapy sessions	Internship 4. Draws on consciousness of social context and self-awareness to flexibly respond to complex clinical issues.
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Department of Counseling, Therapy, and School Psychology
Marriage, Couple, and Family Therapy Program

10. **Social Justice Advocacy** (demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity; dedication to social justice and global citizenship) SLO 1.1, 2.1, 2.2, 4.2., & 4.3

Internship 1. Articulates and applies systemic social justice principles in case planning and supervision.	Internship 2. Demonstrates cultural humility and emphasizes client strengths and choice in case conceptualization, treatment planning, and obtaining needed services.	Internship 3. Explores own use of power and privilege as they relate to therapist roles and development, intersect with client identities and roles, and foster global citizenship.	Internship 4. Uses privilege collaboratively with client(s), agencies, family members, and other systems to empower and promote social equity and client interests.
--	---	---	---

11. **Legal/Ethical Practice** (know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy; understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations; provide competent service according to the AAMFT code of ethics and core competencies; understand and use appropriate processes for making ethical decisions; seek guidance from supervisors). SLO 4.1 & 4.2

Internship 1. Knows legal, ethical, and professional standards of practice that apply to MFT.	Internship 2. Can apply ethical, legal, and professional standards of practice appropriately in therapy.	Internship 3. Expands ethical awareness and professional responsibility to include gender, culture, SES, power, and privilege.	Internship 4. Has developed a process for addressing ethical issues in case conceptualization/management and professional responsibility.
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12. **Professionalism** (recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work; utilize supervision effectively; integrate supervisor/team communications into treatment; set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships; maintain complete, relevant case notes in a timely manner; complete all required paperwork, letters, contacts, etc. in a professional and timely manner; contact referral sources/other professionals involved in a timely manner and sharing relevant information; maintaining a professional image, professional boundaries, and positive relationships with colleagues). SLO 4.2

Internship 1. Engages in professional manner within clinical setting; seeks and utilizes supervision.	Internship 2. Demonstrates initiative in carrying out professional responsibilities associated with role as therapist; identifies specific supervision needs; and maintains positive workplace relationships.	Internship 3. Appropriately utilizes consultation and communication with supervisor, treatment team, and other stakeholders into the treatment process; supports the professional development of colleagues.	Internship 4. Effectively engages with other stakeholders, family members, professionals, or significant persons in the treatment process and in the workplace.
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Documentation of Supervisee Evaluation

Student Name: _____ Term: _____

Supervisor Name: _____

Placement Site: _____

Our signatures below verify that we have discussed the electronically completed supervisee evaluation.

Please note any disagreement between supervisee and supervisor about this evaluation.

List at least three supervisee goals that have evolved as a result of your discussion:

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

Student must upload a copy of this form on TaskStream with the printed copy of the electronic supervisee evaluation.

Supervisor Evaluation (Completed on Salesforce)

Name of Supervisor: _____

Site Name: _____

Please indicate term: _____ Summer _____ Fall _____ Spring _____ Summer 2

Directions: Circle the number that best represents your thoughts concerning the clinical supervision you received. After completing the form please return it to the Practicum Coordinator.

Strongly disagree = 1 Disagree = 2 Agree = 3 Strongly Agree = 4

Personal and Professional Development

- | | |
|--|---------|
| 1. Recognizes and encourages further development of my unique strengths and capabilities. | 1 2 3 4 |
| 2. Helps me define and achieve specific concrete goals for myself during the practicum experience. | 1 2 3 4 |
| 3. Was aware and attentive to my development as a clinician. | 1 2 3 4 |
| 4. Helped me to identify and examine my worldview as it relates to my social location. | 1 2 3 4 |
| 5. Identified and challenged my biases in helpful ways. | 1 2 3 4 |
| 6. Helped me address self of the therapist issues. | 1 2 3 4 |
| 7. Helped me consider my use of self in the therapeutic process | 1 2 3 4 |

Supervisor relationship and usefulness of feedback

- | | |
|---|---------|
| 8. Encourages me to expand my clinical work to include new techniques when appropriate. | 1 2 3 4 |
| 9. Gives me useful feedback when I make clinical errors. | 1 2 3 4 |
| 10. Encouraged me to think relationally and systemically. | 1 2 3 4 |
| 11. Guided me in working with multiple members of systems. | 1 2 3 4 |

Application of Systemic and Contextual Knowledge to Practice

- | | |
|---|---------|
| 12. Encouraged me to think of clients within a broader context of extended kin/families communities, & society. | 1 2 3 4 |
| 13. Helped me look at culture, context, and power in therapeutic relationships. | 1 2 3 4 |
| 14. Facilitated my understanding of ethics related to power and equity issues. | 1 2 3 4 |
| 15. Guided my practice related to legal and ethical issues. | 1 2 3 4 |
| 16. Guided me in integrating research into practice. | 1 2 3 4 |

Administrative Issues & Supervisory Relationship

- | | |
|--|---------|
| 17. Was dependable (e.g., on time, made appointments). | 1 2 3 4 |
| 18. Was available for emergencies and urgent matters. | 1 2 3 4 |
| 19. Guided me in administrative matters (e.g., paperwork). | 1 2 3 4 |
| 20. Helped me negotiate relationships with colleagues/co-therapists. | 1 2 3 4 |
| 21. Fostered a supportive supervisory relationship. | 1 2 3 4 |
| 22. Fostered a supportive training environment. | 1 2 3 4 |

Overall, I would rate my supervisor as (please check):

Less than Adequate	Adequate	Capable	Highly Capable
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Additional comments:

CONSENT TO RELEASE EDUCATIONAL RECORDS

Supervisors and faculty welcome the opportunity to provide recommendations for employment, professional organizations, doctoral programs, and so on when you request them. However, federal law requires a written consent. When you are requesting a recommendation, it is also helpful if you email us information about the position, organization, educational program, etc. This will help us tailor the information about your competencies for each request, which will make our input maximally helpful to you. Please keep a copy of this consent form for your records.

I understand that Federal regulations require a written consent from a student/former student before disclosing the educational records of that student to third parties; therefore, I hereby give my written consent for (Name(s) of Lewis & Clark Faculty and Supervisors):

to release my educational records to (Name of Institution, Person, Company requesting information):

as well as the conclusions and observations regarding my performance while attending Lewis & Clark.

I understand this consent is effective only as to this/these specific request(s).

DATED this _____ day of _____, 20____.

Print Student/Alumni Name

Signature of Student/Alumni

Student/Alumni Address:

LC COMMUNITY COUNSELING CENTER INTERNSHIP AGREEMENT MCFT Program

An internship placement and its fulfillment involve not only the interests of the intern, but also the interests of the LCCCC, the site supervisor, clients of the LCCCC, and the Marriage, Couple, and Family Therapy program within a relationship of mutual support and accountability. Important aspects of these relationships are outlined below. Supervisors, interns, and Lewis & Clark College agree to the provisions detailed below. This document serves as a contract between all parties.

MCFT PROGRAM MISSION AND GOALS

The mission of the Lewis & Clark Master of Arts program in Marriage, Couple and Family Therapy is to prepare competent marriage, couple, and family therapists who engage in systemic relational therapy in ways that demonstrate excellent therapeutic skills and ethical and socially responsible practice.

The MCFT Program Goals are as follows:

1. Apply a critical contextual guiding framework that addresses power dynamics and embodied connections across biopsychosocial levels and larger societal contexts.
2. Advance social justice and cultural democracy in the practice of marriage, couple, and family therapy.
3. Apply research with critical awareness of the links between the process of inquiry, construction of knowledge, and cultural equity.
4. Demonstrate competence in systems/relational practice according to MFT field standards and ethics.

I&C CCC and clinical supervisors are integral to achievement of Student Learning Outcomes specific to the MCFT program mission and goals. [[click here to view MCFT Student Learning Outcomes](#)]

KEY COMPONENTS OF LEWIS AND CLARK MCFT CLINICAL TRAINING

The clinical training aspect of the MCFT program includes a 12-month internship at the Lewis & Clark Community Counseling Center (LCCCC) concurrent with a 13-15-month externship in a community setting. Students register for MCFT 582 Internship in Marriage, Couple, and Family Therapy for four concurrent semesters. The comprehensive clinical training experience will be supervised by an AAMFT Approved Supervisor or Supervisor Candidate in MCFT 582 Internship in Marriage, Couple and Family Therapy. All students will obtain experience working with diverse, marginalized, and/or underserved clients as part of their clinical training.

The MCFT Program partners with agencies and clinics in the community to place students in externships that provide clinical experience concurrent to the training they receive at the LCCCC. These placements provide supplementary clinical experiences with diverse populations and settings that are supportive of our program's systemic mission.

Given this training approach, student interns/supervisees are welcomed and encouraged to consult with their MCFT 582 Supervisors on cases they see at their externship sites in support of their overall learning. Students/supervisees are advised to maintain confidentiality and follow all HIPAA regulations

surrounding privacy when doing this. Moreover, because sites are responsible for their clients, all final decisions regarding clients/cases at externship sites are made between the MCFT student intern and the site supervisor.

SITE RESPONSIBILITIES

- The LCCCC will provide a structured 12 month supervised experience in the practice of marital, couple, and family therapy in which students are assigned to a MCFT 582 internship team one full day a week, receive in-depth live supervision, and learn to integrate social justice into family therapy.
- Training and practice at the LCCCC are based on a team approach. Although each supervisor may structure team practice somewhat differently, the expectation is that observers behind the mirror or video camera take an active role in developing and providing the therapy. This could include times when multiple team members participate in reflecting teams or otherwise engage directly with clients; other times the teams' involvement may be behind the scenes, but it is always a significant contribution to the therapy. Therapists in session with clients are not independently responsible for the therapy; rather, the team is responsible for the therapy.
- The LCCCC will strive to provide the student therapists a load of three cases per week. The LCCCC, student, and supervisor will collaborate toward the goal that the majority of client hours are relational (e.g., with two or more persons in a significant ongoing relationship with each other, such as parents and children, intimate partners).
- Live supervision of all cases will be provided by an AAMFT Approved Supervisor or AAMFT Supervisor Candidate.
- Clients will be informed that students in training provide services and that all client sessions will be recorded.

PROGRAM SUPERVISOR QUALIFICATIONS

- AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate [must upload certificate]

PROGRAM SUPERVISOR RESPONSIBILITIES

MCFT supervisors play a critical role in facilitating the student's clinical competency as a beginning marriage, couple, and family therapist. Program policies and expectations regarding internship are detailed in the MCFT Clinical Training Handbook, including descriptions of required clinical competences and the process for evaluating them.

Program supervisors agree to review the MCFT Clinical Training Handbook. It may be accessed at [[click here to acknowledge access to the handbook](#)].

Program supervisor responsibilities include:

- Provide weekly live systems/relational-focused supervision of supervisee's clinical caseload and promote the development of supervisee's clinical competencies.
- Provide weekly individual and group supervision that focuses on their clinical cases, including related self-of-the-therapist issues.
- Emphasize systemic/relational processes, whether client is an individual, couple, or family.
- Facilitate case planning discussion.
- Promote your supervisee's clinical development through ongoing feedback on their clinical work.
- Evaluate supervisee's on-going readiness for practice under supervision, document and share any concerns with supervisee, and work with student and the program to develop a remediation process when needed.

- Review and discuss supervisee's progress in relation to program competencies and their identified training goals
- Provide oversight to ensure that supervisee provides professional, ethical practice within the scope of their level of training and competence. Ensure that all applicable ethical guidelines, laws, and regulations are followed and the client welfare is maintained.
- Protect confidences disclosed by supervisee, except by written authorization or waiver, or when mandated or permitted by law. Note that within educational or training settings disclosures are permitted to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee (AAMFT Code of Ethics 4.7).
- Ensure that supervisees represent themselves appropriately as an intern under supervision.
- Together with student, evaluate the nature of your supervisee-supervisor relationship and work with student to address any concerns and promote their optimal clinical development.
- Provide feedback on the supervisee's clinical development to the student and the program by engaging in open dialogue throughout the duration of the internship contract.
- Complete MCFT program supervisee evaluations at the end of every term.
- Sign documentation of your supervisee's clinical hours and case notes.

STUDENT INTERN RESPONSIBILITIES

Students are required to participate in supervised team practice during their assigned section for a minimum of eight hours per week. On occasion, this may include coming to the LCCCC on other days to attend to emergency client issues. As further detailed the MCFT Clinical Training Handbook, students agree to:

- Provide consistent and punctual attendance at all work and training activities on site.
- Adhere to the AAMFT and Oregon Board of Licensed Professional Counselors and Therapists Codes of Ethics and all State legal mandates.
- Follow all expectations outlined in the MCFT clinical handbook
- Follow all LCCCC policies.
- Maintain appropriate documentation of clinical work as required by LCCCC and program.
- Prepare for and participate in weekly clinical supervision as described (list on next page)
- Maintain personal liability insurance.
- When a conflict or concern occurs, discuss with supervisor and contact MCFT clinical coordinator if issue is not resolved.

Students are required in supervision to:

- Attend and actively participate in all scheduled supervision meetings.
- Be open to feedback from your supervisor and peers.
- Meet with your supervisor when requested.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.
- Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Use time efficiently during supervision. Being prepared to talk about a case and thinking through your goals ahead of time makes the process more vital for everyone involved.
- Prepare for supervision by reviewing video recordings and/or notes of your sessions.
- Maintain contact and respond in a timely manner to clients and other professionals.

- Maintain an accurate record of your client contact and supervision hours and have your supervisor sign monthly summary logs.
- Complete all required case notes, treatment plans, and other required documentation in a timely manner.
- Follow all applicable ethical guidelines, laws, and regulations and maintain client welfare.
- Complete any additional requirements agreed on by you and your supervisor(s).

MCFT PROGRAM CLINICAL COORDINATOR RESPONSIBILITIES

- Approves appropriate placements of students.
- Supports the L&C Placement Office in tracking contractual paperwork for the externship placement.
- Tracks paperwork (e.g. CPH liability insurance, hours logs, evaluations, etc.) in collaboration with the CTSP Departmental Office.
- Provides evaluation survey to externship site supervisors each semester.
- Works with site supervisors and students to manage concerns or difficulties.

When concerns or difficulties arise:

Student, supervisors, agency administrators, or family therapy faculty should contact the MCFT clinical coordinator (torgersonc@lclark.edu) with any student, supervisor, or placement concern as soon as the concern arises. The MCFT clinical coordinator will fully explore the situation by contacting all involved parties. The coordinator will facilitate any required meetings between parties to resolve issues. If unable to resolve issues that interfere with the student's learning or the agency's ability to provide services, the clinical coordinator will work with the L&C Placement Coordinator to determine the best course of action, including removal of a student from the site. Should the concern include the appropriateness of the placement site students, the MCFT Clinical Coordinator will collaborate with the L&C Placement Office to determine the best course of action.

This agreement is made between the student, the site, and Lewis & Clark College via electronic signature on the following dates:

EXTERNSHIP AGREEMENT

MCFT Program

An externship placement and its fulfillment involve not only the interests of the intern, but also the interests of the host agency/school, the site supervisor, clients of the agency/school, and the relationship of mutual support and accountability between the host agency/school and the Counseling, Therapy, and School Psychology Department. Important aspects of these relationships are outlined below. Agencies, interns, and Lewis & Clark College agree to the provisions detailed below. This document serves as a contract between all parties.

MCFT PROGRAM MISSION AND GOALS

The mission of the Lewis & Clark Master of Arts program in Marriage, Couple and Family Therapy is to prepare competent marriage, couple, and family therapists who engage in systemic relational therapy in ways that demonstrate excellent therapeutic skills and ethical and socially responsible practice.

The MCFT Program Goals are as follows:

1. Apply a critical contextual guiding framework that addresses power dynamics and embodied connections across biopsychosocial levels and larger societal contexts.
2. Advance social justice and cultural democracy in the practice of marriage, couple, and family therapy.
3. Apply research with critical awareness of the links between the process of inquiry, construction of knowledge, and cultural equity.
4. Demonstrate competence in systems/relational practice according to MFT field standards and ethics.

Placement sites and clinical supervisors are integral to achievement of Student Learning Outcomes specific to the MCFT program mission and goals. [[click here to view MCFT Student Learning Outcomes](#)]

KEY COMPONENTS OF LEWIS AND CLARK MCFT CLINICAL TRAINING

The clinical training aspect of the MCFT program includes a 12-month internship at the Lewis & Clark Community Counseling Center (L&C CCC) concurrent with a 13-15-month externship in a community setting. Students register for MCFT 582 Internship in Marriage, Couple, and Family Therapy for four concurrent semesters. The comprehensive clinical training experience will be supervised by an AAMFT Approved Supervisor or Supervisor Candidate in MCFT 582 Internship in Marriage, Couple and Family Therapy. All students will obtain experience working with diverse, marginalized, and/or underserved clients as part of their clinical training.

The MCFT Program partners with agencies and clinics in the community to place students in externships that provide clinical experience concurrent to the training they receive at the L&C CCC. These placements provide supplementary clinical experiences with diverse populations and settings that are supportive of our program's systemic mission.

Given this training approach, student interns/supervisees are welcomed and encouraged to consult with their MCFT 582 Supervisors on cases they see at their externship sites in support of their overall learning. Students/supervisees are advised to maintain confidentiality and follow all HIPAA regulations

surrounding privacy when doing this. Moreover, because sites are responsible for their clients, all final decisions regarding clients/cases at externship sites are made between the MCFT student intern and the site supervisor.

EXTERNSHIP SITE RESPONSIBILITIES

- Sites accepting graduate student MCFT interns from Lewis & Clark will provide a structured 12-15 month supervised experience in the practice of marital, couple, and family therapy in which students obtain 8-12 direct client contact hours per week for a minimum of approximately 370 direct client contact hours. *(As a reminder, students need 400 direct client contact hours to graduate).*
- About forty-percent (40%) of direct client contact hours need to be relational (e.g., with two or more persons in a significant ongoing relationship with each other, such as parents and children, intimate partners). *(As a reminder, students need 150 relational direct client contact hours to graduate).*
- Sites will provide weekly individual supervision in systemic/relational practices by an AAMFT Approved Supervisor, AAMFT Supervisor Candidate, Supervisor Equivalent as approved by the program, state approved supervisor, or a licensed professional in the mental health field, whether the client is an individual, couple, family, or group.
 - Individual supervision may be supplemented with group supervision (one supervisor with 8 or fewer supervisees) to maintain a ratio of one-hour supervision for each five hours of client contact.
- Supervisees must have the ability to videotape client sessions for review during supervision and/or be observed live by the site supervisor at least once per semester. More is encouraged.

SITE SUPERVISOR QUALIFICATIONS

- AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate (preferred) [must upload certificate] OR
- Be licensed as a marriage and family therapists (preferred) or be a licensed professional in the mental health field and [must upload license]

If a potential site supervisor is not AAMFT Approved or an AAMFT Approved Candidate, the MCFT Clinical Coordinator will make a recommendation to them that the site supervisor enroll in a professional development course related to systemic therapy. [upload proof of continuing education in systemic therapy or systemic therapy supervision, e.g., L&C CCE certificate]

Site supervisors without formal supervisory training are encouraged to enroll in a 30-clock hour Clinical Supervision course taught through the Lewis and Clark CCE if they have not already completed supervisory training. [upload proof of 30-hour supervision training, e.g., certificate from CCE]

SITE SUPERVISOR RESPONSIBILITIES

Site supervisors play a critical role in facilitating the student's clinical competency as a beginning marriage, couple, and family therapist. Students work under their supervisor's license. Therefore, supervisors are ultimately responsible and legally accountable for the clinical work students do. They ensure that all applicable ethical guidelines, laws, and regulations are followed and that client welfare is maintained. Program policies and expectations regarding internship are detailed in the MCFT Clinical Training Handbook, including descriptions of required clinical competences and the process for evaluating them.

Site supervisors agree to review the MCFT Clinical Training Handbook. It may be accessed at [[click here](#)]

[to acknowledge access to the handbook](#)].

Site supervisor responsibilities include:

- Provide weekly systems/relational-focused supervision of supervisee's clinical caseload and promote the development of supervisee's clinical competencies.
- Provide weekly individual and/or group supervision that focuses on their clinical cases, including related self-of-the-therapist issues.
- Include observable (raw) data in supervision in addition to case report. This may include video, live observation, co-therapy with supervisee. **Supervisors at placement sites must observe student work at least once per semester.** More is encouraged.
- Emphasize systemic/relational processes, whether client is an individual, couple, or family.
- Facilitate case planning discussion.
- Promote your supervisee's clinical development through ongoing feedback on their clinical work.
- Evaluate supervisee's on-going readiness for practice under supervision, document and share any concerns with supervisee, and work with student and the program to develop a remediation process when needed.
- Review and discuss supervisee's progress in relation to program competencies and their identified training goals
- Provide oversight to ensure that supervisee provides professional, ethical practice within the scope of their level of training and competence. Ensure that all applicable ethical guidelines, laws, and regulations are followed and the client welfare is maintained.
- Protect confidences disclosed by supervisee, except by written authorization or waiver, or when mandated or permitted by law. Note that within educational or training settings disclosures are permitted to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee (AAMFT Code of Ethics 4.7).
- Ensure that supervisees represent themselves appropriately as an intern under supervision.
- Together with student, evaluate the nature of your supervisee-supervisor relationship and work with student to address any concerns and promote their optimal clinical development.
- Provide feedback on the supervisee's clinical development to the student and the program by engaging in open dialogue throughout the duration of the externship contract.
- Participate in site-visits or other requested meetings with the Lewis and Clark MCFT Program.
- Complete MCFT program supervisee evaluations at the end of every term.
- Sign documentation of your supervisee's clinical hours and case notes.

STUDENT INTERN RESPONSIBILITIES

- Provide consistent and punctual attendance at all work and training activities on site.
- Adhere to the AAMFT and Oregon Board of Licensed Professional Counselors and Therapists Codes of Ethics and all State legal mandates.
- Follow all expectations outlined in the MCFT clinical handbook
- Follow all agency policies.
- Maintain appropriate documentation of clinical work as required by site and program.
- Prepare for and participate in weekly clinical supervision as described (list on next page)
- Maintain personal liability insurance.
- When a conflict or concern occurs, discuss with supervisor and contact MCFT clinical coordinator if issue is not resolved.

Students are required in supervision to:

- Attend and actively participate in all scheduled supervision meetings.
- Be open to feedback from your supervisor and peers.

- Meet with your supervisor when requested.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.
- Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Use time efficiently during supervision. Being prepared to talk about a case and thinking through your goals ahead of time makes the process more vital for everyone involved.
- Prepare for supervision by reviewing video recordings and/or notes of your sessions.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Maintain an accurate record of your client contact and supervision hours and have your supervisor sign monthly summary logs.
- Complete all required case notes, treatment plans, and other required documentation in a timely manner.
- Follow all applicable ethical guidelines, laws, and regulations and maintain client welfare.
- Complete any additional requirements agreed on by you and your supervisor(s).

MCFT PROGRAM CLINICAL COORDINATOR RESPONSIBILITIES

- Approves appropriate placements of students.
- Supports the L&C Placement Office in tracking contractual paperwork for the externship placement.
- Tracks paperwork (e.g. CPH liability insurance, hours logs, evaluations, etc.) in collaboration with the CTSP Departmental Office.
- Provides evaluation survey to externship site supervisors each semester.
- Works with site supervisors and students to manage concerns or difficulties.

When concerns or difficulties arise:

Student, supervisors, agency administrators, or family therapy faculty should contact the MCFT clinical coordinator (torgersonc@lclark.edu) with any student, supervisor, or placement concern as soon as the concern arises. The MCFT clinical coordinator will fully explore the situation by contacting all involved parties. The coordinator will facilitate any required meetings between parties to resolve issues. If unable to resolve issues that interfere with the student's learning or the agency's ability to provide services, the clinical coordinator will work with the L&C Placement Coordinator to determine the best course of action, including removal of a student from the site. Should the concern include the appropriateness of the placement site students, the MCFT Clinical Coordinator will collaborate with the L&C Placement Office to determine the best course of action.

Supervisor Resources

Self-of-the-Therapist Training Emphasis

“Self-of-the-therapist work is the willingness of a therapist or supervisor to participate in a process that requires introspective work on issues in his or her own life, that has an impact the process of therapy in both positive and negative ways” (Timm & Blow, 1999, p. 333). Students in the L&C MCFT Program are trained through a self-of-the-therapist lens. This means that in their dyadic coursework, they have been invited to become aware of their own internal processes that may block their ability to be present in session or magnify empathy while in session. Students expect supervision to be a place in which this exploration can continue. The MCFT Program is hopeful that fruitful discussion of self-of-the-therapist related topics can occur through site supervision and supervision at the L&C CCC. For this to happen, a strong supervisory relationship must be established. Included below is a resource list that may be beneficial for supervisors wishing to facilitate self-of-the-therapist work with their trainees:

- Timm, T.M., Blow, A.J. (1999). Self-of-the-Therapist Work: A Balance Between Removing Restraints and Identifying Resources. *Contemporary Family Therapy* 21, 331–351. <https://doi-org.library.lcproxy.org/10.1023/A:1021960315503>
- Aponte, H. J. (2022). The soul of therapy: The therapist’s use of self in the therapeutic relationship. *Contemporary Family Therapy*, 44, 136-143. <https://doi.org/10.1007/s10591-021-09614-5>
- Aponte, H. J., & Kissil, K. (2014). *If I can grabble with this I can truly be of use In the therapy room: Using the therapist’s own emotional struggles to facilitate effective therapy*. *Journal of Marital and Family Therapy*, 40(2), 152-164. doi: 10.1111/jmft.12011
- Baldwin, M. (2012). *The use of self in therapy* (3rd ed.) New York: Routledge
- Lum, W. (2002). The use of self as therapist. *Contemporary Family Therapy*, 24(1), 181-197.
- Rowan, J. & Jacobs, M. (2002). *The therapist’s use of self*. Open University Press

Systemic Supervision

Providing systemic supervision to MCFT students requires the supervisor to be able to help the trainee to conceptualize through a relational lens, disrupt dysfunctional relational patterns, expand the direct treatment system to include relationships (and context), and expand the therapeutic alliance relationally (Sprenkle & Blow, 2004; Sprenkle & Blow, 2007). The MCFT Program invites supervisors to utilize their own model for supervision while emphasizing the importance of centering systemic/relational thinking and issues of cultural humility and social justice. Click [here](#) for a refresher on some common supervision models. There are numerous resources available about [cultural humility practices in therapy](#). Moreover, there are several ways to center social justice work in supervisory practices including – but not limited to – [socio-culturally attuned supervision](#), [cultural humility in supervision](#), [narrative supervision as a social justice practice](#), and more. AAMFT provides resources on [transgender care](#) and [racial justice](#) for MFTs.

Additional Information for Externship Supervisors

Each site will have, at minimum, a **primary supervisor** and a **secondary supervisor** designated for each MCFT student. The identified supervisors may be the same for all students or they may be different. All supervisors providing consistent supervision to MCFT students must be approved by the MCFT Placement Office and the MCFT Program. When a site has a supervisor they wish to become approved by the MCFT Program, please contact the Placement Coordinator ctspplacement@lclark.edu.

Availability of Supervisors

Site supervisors need to be available to students whenever students are meeting with clients. This can be on-site or virtual. When a supervisor is sick, away, or unavailable, it is the supervisor’s responsibility to develop a plan for site supervision in their absence.

If Clinical Supervisors will not be available by phone, they need to provide practicum students with the contact information for another licensed professional at the facility with whom they can immediately consult or contact in cases of emergency.

Supervision Sessions

Site supervision sessions should include client crisis concerns, legal or ethical concerns, clinical skills development (assessing, diagnosing, intervening, etc.), professional skills development (e.g. documentation, case management, etc.), self-of-the-therapist related issues or concerns, administrative information, and other relevant information.

Supervision Notes

Site supervisors should maintain accurate supervisory notes for each supervision session over the course of the externship contract.

Additional Information for MCFT 582 Supervisors

AAMFT Approved Supervisors providing supervision to MCFT students at the L&C CCC can find more information about Clinic and Program policy and procedures in the L&C CCC Supervisor Onboarding Manual, the L&C CCC Policy & Procedures Manual, and the MCFT Policy & Procedures Manual.

Supervision Notes

MCFT 582 supervisors should maintain accurate supervisory notes for each class meeting time over the course of each term.

MCFT Clinical Training Paperwork

PRE-CLINICAL PAPERWORK

AAMFT Membership
CPH Liability Insurance
Internship Contract
Externship Contract

Evaluation links will go out to students and supervisors during week 10 or 11 of the term.

Students should be scheduling meetings with their supervisors to discuss evaluations and obtain signatures 2-4 weeks before the end of each term.

INTERNSHIP I (SUMMER TERM)

Paperwork Due in Taskstream:

- 1) Hours logs (May - July)
- 2) Supervisee Evaluation & Goals Sheet (Externship)
- 3) Supervisee Evaluation & Goals Sheet (Internship)

Paperwork Due via Electronic Survey:

- 1) Supervisor Evaluation (Externship)
- 2) Supervisor Evaluation (Internship)
- 3) Course Evaluation (582 Instructor)

*Submit all paperwork before the last day of summer term to receive a grade in MCFT 582.

INTERNSHIP II (FALL TERM)

Paperwork Due in Taskstream:

- 1) Hours logs (August - November)
- 2) Supervisee Evaluation & Goals Sheet (Externship)
- 3) Supervisee Evaluation & Goals Sheet (Internship)

Paperwork Due via Electronic Survey:

- 1) Supervisor Evaluation (Externship)
- 2) Supervisor Evaluation (Internship)
- 3) Course Evaluation (582 Instructor)

*Submit all paperwork before the last day of fall term to receive a grade in MCFT 582.

INTERNSHIP III (SPRING TERM)

Paperwork Due in Taskstream:

- 1) Hours logs (December - March)
- 2) Supervisee Evaluation (Externship)
- 3) Supervisee Evaluation (Internship)

Paperwork Due via Electronic Survey:

- 1) Supervisor Evaluation (Externship)
- 2) Supervisor Evaluation (Internship)
- 3) Course Evaluation (582 Instructor)

*Submit all paperwork before the last day of spring term to receive a grade in MCFT 582.

INTERNSHIP IV (SUMMER TERM)

Paperwork Due in Taskstream:

- 1) Hours logs (April - Last day at externship)
- 2) Supervisee Evaluation (Externship)

Paperwork Due via Electronic Survey:

- 1) Supervisor Evaluation (Externship)
- 2) Course Evaluation (582 Instructor)

*Submit all paperwork and meet with the CTSP Dept. Office before the last day summer term to receive a grade in MCFT 582 and be approved for degree posting.

Paperwork timeline will vary for students who are considered "off track".